

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - BOULEVARD TERRAACE NURSING HOME B. WING _____	(X3) DATE SURVEY COMPLETED R 04/12/2019
NAME OF PROVIDER OR SUPPLIER BOULEVARD TERRACE REHABILITATION AND		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	<p>Initial Comments</p> <p>Stories: 1 Construction Type: II No plans available on site Constructed: 1989 (Secure unit 2003) Sprinklered: Yes Census: 60</p> <p>A Life Safety revisit survey was conducted on 04/12/19 for the previous deficiencies cited on 02/19/2019. The deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.</p>	{N 000}		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BOULEVARD TERRACE REHABILITATION AND

1530 MIDDLE TENNESSEE BLVD
MURFREESBORO, TN 37130

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N 000	Initial Comments Stories: 1 Construction Type: II No plans available on site Constructed: 1989 (Secure unit 2003) Sprinklered: Yes Census: 60 A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 02/19/2019. During this Life Safety Survey, Boulevard Terrace was found not in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). The requirements at 1200-080-06, Standards for Nursing Homes is NOT MET as evidenced by: **** All penetrations requiring fire stop shall be repaired in accordance with a tested and approved fire stop system meeting the requirements of the UL (Underwriters Laboratory) assembly to which the fire stop is being applied. The system used shall be recorded and documentation shall be maintained for the life of the installation. Fire stop systems used shall be made available to surveyors.	N 000		
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.	N 831	N 831 1200-8-6-.08(1) Building Standards The facility will maintain the overall environment	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Corrado R. Callahan

Administrator

3/7/2019

STATE FORM

6699

GXQE21

If continuation sheet 1 of 2

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NAME OF PROVIDER OR SUPPLIER BOULEVARD TERRACE REHABILITATION AND		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130		
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N 831	Continued From page 1 This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall environment. The finding included: Observation on 02/19/2019 at 11:30 AM, revealed the fire/smoke rated masonry (seperating the rehabilitation from the secure unit) had 2 unsealed steel beams going through the wall, and was unsealed at the deck. NFPA 101, 8.3.5.1 (2012 Edition) The maintenance director and regional plant operations was present when this deficiency was identified, and was later acknowledged by the administrator during the exit conference on 02/19/2019.	N 831	1. The 2 unsealed beams going thru the wall and at the deck from the rehabilitation unit into the secure unit were sealed with 3M fire barrier by plant operations staff on 3/31/2019 2. Beams in other areas of the building were inspected by facility and regional plant operation staff on 2/19/2019 for compliance. 3. Plant Operations staff was in- serviced on 3/4/2019 regarding sealing of beams by administrator. Compliance will be monitored during annual inspections. 4. The Plant Operations or Administrator will report findings of the audits to the QAPI committee for follow up and recommendations as needed for 3 months. The QAPI committee consist of Medical Director, Administrator, DON, Unit Managers, Resident Financial Coordinator, Human Resource, Medical Records, Social Services, Plant Operations, Activities and Dietary.	3/31/2019